



Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: _____ Pet's Name: _____

Anesthetic and medical or surgical procedure(s) to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am**
 I am not (check one) eighteen years of age or over and authorize the veterinarians at this
veterinary practice to perform the above procedure(s). I understand that some risks always exist
with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about
those risks with the attending doctor before the procedure(s) is/are initiated.

Pre-anesthetic bloodwork is important prior to anesthesia to prevent complications during the procedure.

1. These blood tests are used to evaluate kidney/liver function. These tissues play an important role in ridding the body of the drugs used to anesthetize your pet for surgery and healing after surgery.

Mandatory for pets over 7 years of age that have not had lab work within the past 6 months

- Yes, I want the pre-anesthetic profile performed on my pet for an additional \$146.98
- I decline all blood work at this time. Only optional for pets under the age of 7.

2. VetMed Animal Health advises permanent identification for your pet.

Yes, I would like my pet microchipped while under anesthesia, for an additional \$60.81.

Verify email address _____

No, thank you.

3. Additional services offered while your animal is under anesthesia:

Nail Trim \$16.87 Anal Gland Expression \$24.09 Ear Cleaning \$22.89-\$42.16

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I agree to assume financial responsibility for all fees, and provide payment via cash, credit card or check at the time my pet is discharged from the hospital.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has permission and I agree** **does not have permission and I do not agree** (check one) to provide such treatment and to pay for such service.

What procedure(s) is your pet here for today? _____

Has your pet taken any medications or eaten today? _____

Phone numbers for today: _____

Signature of Owner or Authorized Agent

Date